



UNITED STATES MARINE CORPS  
MARINE CORPS BASE  
MARINE CORPS COMBAT DEVELOPMENT COMMAND  
QUANTICO, VIRGINIA 22134-5001

MCBO 1734.1  
MCB (B 013)  
MCCDC (C 05)  
**16 OCT 2004**

MARINE CORPS BASE ORDER 1734.1

From: Commanding General  
To: Distribution List

Subj: CRITICAL INCIDENT STRESS MANAGEMENT (CISM)

Encl: (1) Definitions  
(2) Types of Interventions by Critical Incident Stress  
Management (CISM) Teams

1. Purpose. To establish policy for implementation of stress management aboard MCB, Quantico.

2. Background

a. Case studies of major traumatic events have demonstrated that a significant number of emergency response personnel (ERP), such as, firefighters, medical technicians, and military police, experience some form of stress related symptoms following an incident. Many of these symptoms are transitory and most personnel will not suffer long term negative effects from their exposure to such incidents. Some stress effects may be delayed, surfacing later after a period of no apparent symptoms. A smaller number of personnel may be severely affected at any point along the path to recovery.

b. Without trained or professional intervention, personnel experiencing long term or severe effects may show declining work performance, deterioration of family relationships, and increased health problems, with significant impact on personal and organizational safety, effectiveness, and morale. CISM activities provide timely professional intervention after distressing incidents in order to minimize these stress related effects to the individual and the organization as a whole.

c. The MCB/MCCDC CISM Team approach is both proactive and reactive. In the proactive mode the program builds a strong base of understanding and prevention by educating individuals on stress response and stress management techniques. The program also responds during a critical incident by activation of the CISM Team

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to provide consultation, support, and referral for those impacted by the events. The CISM Team goals are specifically:

(1) To reduce the impact of a critical incident to ERP.

(2) To accelerate normal recovery of personnel who are suffering normal but painful reactions to abnormal events.

3. Information. CISM Teams can assist ERP in the following ways (see enclosures for a full description):

a. Mass Casualty/Disaster Situations. Team members should be considered as a resource available to an Incident Commander. Team members can observe ERP for stress symptoms and acute reactions, providing insights to the Incident Commander.

b. Defusing. Defusing takes place with a small group of emergency workers immediately after an incident (ideally within 1-8 hours) and will be facilitated by peer support personnel and a Team Leader, or by peers alone at the discretion of the CISM Team Coordinator. The purpose of defusing is to mitigate the impact of an incident, accelerate recovery, and reduce stress. After defusing, the CISM Team will either make the decision to hold a full scale debriefing or followup each ERP on a one-to-one basis.

c. Debriefing. This is a more formal process than a defusing. It is the process whereby a CISM Team debriefs a particular group of ERP within 24-72 hours following a traumatic incident they have worked on. CISM debriefs are not a critique of individuals; performance issues will not be discussed during the debriefing beyond what is necessary for the purpose of stress relief. The CISM process is intended only to provide a format in which personnel can discuss their thoughts, reactions, feelings, and concerns to this incident, thus reducing the impact of stress and Post Traumatic Stress Disorder (PTSD). All debriefings are, therefore, STRICTLY CONFIDENTIAL (Personnel are warned not to say anything during a debrief that they would not put on a report or investigation), and both military and civilian personnel participate as individuals without regard to job position, title, or rank. No notes are taken, no recorders are allowed, no reports affecting individuals are to be made. Civilian attire is recommended.

d. Demobilization. Demobilization services are implemented only following large scale operations involving large numbers of ERP over prolonged periods of time in response to large scale events. They are held at a designated site away from the scene. Personnel are ordered to this site when they are relieved at the scene. The entire process lasts approximately 30 minutes. Ten minutes are used to give stress

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information; the remainder of the time is for the crew to eat and rest and then go home. Demobilization is not to be used with crews that will immediately return to operations.

e. Followup services are conducted as needed depending on particular incidents and may extend over several weeks and months after any issues or problems remaining after CISM intervention. Followup activities may include the entire group, a portion of the group, or individuals, depending on the incident and the judgment of the peers in consultation with the CISM Team Coordinator and the CISM Consultant. Followup services will include:

(1) Individual Followup. All personnel will be offered individual followup after a defusing or debriefing. Team members will also observe at defusings/debriefings for individuals who may need further intervention or referral and make one-on-one recommendations.

(2) Followup Debriefing. In some rare cases, a second debriefing may be needed weeks or months after the incident if the incident is still causing stress symptoms, or if subsequent events reactivate an incident for personnel.

(3) Followup Discussion. After a Debrief, Defusing, or Demobilization, Team Members will discuss their strategy for followup. This action leaves the team the option to provide a simple checkup and continued support or to provide more intensive services as the situation dictates.

(4) Anniversary Followup. For some cases, the anniversary of a critical incident may revive old, delayed, and unresolved stress, calling for additional support services, which may need to be specifically designed.

#### **4. CISM Team Position Descriptions**

a. CISM Team Coordinator. The CISM Team Coordinator will be assigned, in writing, by the CG MCB. The Team Coordinator will:

(1) Have a strong background in all peer training requirements.

(2) Be qualified in both basic and advanced CISM.

(3) Be trained in the Incident Command System by the fire department.

(4) Have participated in 1-2 debriefings.

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The duties of the Team Coordinator are as follows:

- (1) Coordinate with the Incident Commander and others to mobilize a team at the beginning of an incident.
- (2) Work in conjunction with the CISM Consultants to assess an incident for intensity of impact and level of response required and followup.
- (3) Handle administrative matters as required.
- (4) Assure team compliance with standing operating procedures (SOP) .
- (5) Establish defusing/debriefing locations and logistics.
- (6) Keep necessary team records.
- (7) Keep the chain-of-command informed on CISM actions.
- (8) Represent the CISM Team at interagency functions.
- (9) Work to determine needs and standards for team training, continuing education, and peer performance criteria.
- (10) Coordinate ongoing education with the CISM Consultants.

b. Functional Area Coordinators. Marine Corps Family Team Building personnel (MCFTB), Security Battalion and Fire Department comprise functional areas for the purpose of this order. Functional Area Coordinators will have completed the following within 6 months of their appointment:

- (1) Basic and advanced CISM training.
- (2) Introduction to the Incident Command System by the Fire Department.
- (3) Participated in at least 1-2 debriefings (except for the initial cadre).

Functional Area Coordinators are selected by the CISM Team Coordinator and the CISM Consultant in consultation with unit commanders or department supervisors. Functional Area Coordinators will:

- (1) Coordinate with the CISM Team Coordinator to mobilize a Team.
- (2) Assures team compliance with SOPs.

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(3) Ensure the peers within his/her functional area are fully trained and qualified per this order.

(4) Plan and confer with the CISM Team Coordinator for training activities, required meetings, and administration.

c. CISM Consultant. Navy Medical Clinic (NMCL), Quantico, personnel who provide general **supervision** of the team's clinical decisions and activities. The CISM Consultant will:

(1) Review and monitor all team activities, including assistance with response assessment, team deployment, followup planning, and educational activities.

(2) Act as mental health facilitator for formal debriefings and for other activities unless it is determined that peers may appropriately take independent action.

(3) Assure that team activities adhere to clinical standards and ethics.

(4) Coordinate referrals and assist followup services.

(5) Provide clinical support and program guidance to the CISM Team Coordinator and peer members.

(6) Assist in review and selection of Functional Area Coordinators and Professional Support Personnel (chaplains or mental health specialists) and their training activities.

(7) Assist in ongoing educational activities as well as team clinical training and development.

d. Peer Support Personnel. MCB personnel who have completed basic training and volunteered their commitment to the MCB CISM Program. Peer Support Personnel will:

(1) Assist with introductory symptoms teaching, re-entry, and refreshments phases of group discussions and team activities of the CISM model.

(2) Participate in assessing need for defusing, debriefing and followup activities.

(3) Provide on-scene support services as necessary.

(4) Call for mental health support when situations exceeds peer's training or resources.

(5) Assists with the MCB/MCCDC CISM Team educational activities.

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(6) Participates in mutual aid support to other agencies and jurisdictions when approved by the CISM Team Coordinator and Functional Area Coordinator. (Due to unique mission of Fire Department personnel, they do not require prior approval.)

e. Professional Support Personnel. MCB Chaplains and mental health professionals who work under the direction, guidance and supervision of the CISM Team Coordinator. Professional Support Personnel will:

(1) Complete all necessary training.

(2) Adhere to all clinical and ethical standards as well as the established CISM model.

(3) Adhere to any MCB protocols for procedures and safety which may apply.

(4) Assist with the CISM Team activities, assessment, and education as requested by a Team Leader.

(5) Assist with the development of referral sources, followup referrals and other followup activities as requested.

(6) Assist with other related support services at the request of the Team Leader.

(7) Function as a Team Leader if qualified.

f. Defusing Team. Will consist of a Team Leader and 1 to 2 peers (or 1 to 2 peers working independently at the discretion of the CISM Team Coordinator).

g. Debriefing. Will consist of a Chaplain, Mental Health Professional and 1 to 3 peers, as determined by the CISM Team Coordinator.

h. Defusing and Debriefing Team Expectations

(1) All Team members will participate in a review and feedback session following all CISM activities.

(2) The CISM Team Coordinator and Functional Area Coordinators will ensure all peer/professional support personnel are tasked equally and that one person does not incur several taskings in a short period of time.

(3) The CISM Team Coordinator and Team Leader will make every effort to assure team composition remains consistent throughout team response and followup to a particular incident.

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(4) Team members may not participate in any CISM activities involving personnel with whom they have a close personal/work relationship. Outside CISM services may have to be requested if this is a concern for the entire CISM Team.

(5) Team members are expected to be sensitive, mature individuals who will keep confidential all materials shared in any CISM activity.

(6) Team members are expected to be well adjusted, empathetic, respected within their departments and the community, with enough field experience to assure credibility.

(7) Team members are expected to support the established CISM model and all team standards, participate actively in their own functional area groups, maintain their own health and self-care, maintain a non-judgmental and supportive attitude toward their fellow ERP professionals.

(8) CISM Team Members are expected to attend CISM meetings and Base debriefing meetings.

## 5. Training

a. All Team members, including CISM Team Coordinator, Functional Area Coordinators, Peer Support Personnel, CISM Consultant and professional support personnel, will be required to attend both initial training in the established model and continuing education on CISM policies and techniques.

### b. Peer Support Personnel Must Complete

(1) Sixteen hour CISM basic training.

(2) Twenty-four hour peer counselor training provided by the MCB CISM Team or by another source approved by the CISM Team Coordinator.

(3) Other training as approved by the MCB CISM Team.

### c. CISM Consultant and Professional Support Personnel

(1) Must familiarize themselves with the work, stresses, and professional concerns of ERP.

(2) Basic and advanced CISM training.

(3) Seek continuing education as appropriate and necessary.

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(4) Seek cross training activities according to criteria established by the CISM Team Coordinator, including but not limited to, periodic attendance at ambulance/fire department run review sessions, participation in ride-along program with all agencies to assure exposure to many of the types of stressful situations experienced by the ERP, and participation in other disaster exercises, including, fire department live burn training.

d. CISM Team Coordinator and Functional Area Coordinator

(1) Must complete both basic and advanced CISM training.

(2) If feasible, they must have participated in a minimum of 1 to 2 CISM debriefings.

(3) They must have attended Incident Command Systems training provided by the fire department.

(4) Cross training exposure to other functional areas.

e. Continuing Education. The Team Coordinator will ensure all Team members are exposed to ongoing growth and training, including:

(1) Training classes provided by mental health professionals and others within the NMCL, Quantico.

(2) Educational opportunities presented by other agencies.

(3) Seminars covering appropriate mental health topics.

(4) Ongoing fitness and team building activities.

f. CISM Team Meetings. Will be held at least quarterly to establish and maintain recruitment and selection, training and education, and team direction and esprit de corp.

g. CISM Team Coordinator. Is responsible for ensuring training is provided.

6. Action

a. CG MCB. Will designate the CISM Team Coordinator and delegate authority to the CISM Team Coordinator to assign personnel to their respective areas within the CISM Team.

b. Assistant Chief of Staff, G-1, MCB. Will allocate funds as necessary to ensure all Team members have the proper training and have funded TAD orders to help outside commands and agencies.



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c. CO, NMCL, Quantico. Will coordinate activation of the National Naval Medical Center SPRINT Team, if needed to respond to large-scale events.

d. CISM Team Coordinator

(1) Will ensure all departments receive education as to how the CISM Team works and how it can help their personnel.

(2) Will periodically keep the CG MCB informed as to the status of the CISM Team.

(3) In consultation with the CISM Consultant and Functional Area Coordinators, they will ensure all CISM Team members are properly trained and have been to the requisite classes.

(4) Will be the point of contact for all CISM related matters and team activation.

(5) Will gain approval from the CG MCB for use of the CISM Teams on other bases, or other civilian agencies. (Due to unique mission of Fire Department personnel, they do not require prior approval.)

(6) Will comply with the provisions of paragraph 5a of this order.

e. Functional Area Coordinators

(1) Will ensure they have a minimum of two peer support personnel within their functional areas at all times.

(2) Will ensure their peer support personnel are trained per paragraph 6b of this order.

(3) Will comply with the requirements of paragraph 5a of this order.

f. All CISM Team Members and Participants in Debriefs. Will abide by the following rules:

(1) All statements, facts, opinions, and discussions made during defusing or debriefing, or followup activities shall remain strictly confidential.

(2) Attendance at defusing or debriefing is limited to those personnel who were present and involved in the incident. No visitors or observers will be allowed.

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(3) In the interest of CISM effectiveness, command personnel are not admitted to the CISM process unless they are receiving services for their own benefit as a result of participation in an incident.

(4) Attendance at defusing and debriefings will be mandatory for all personnel directly exposed to a critical incident, unless the Team leader determines exceptions to this rule will be beneficial. Personnel are not required to speak or participate unless they choose to do so. Participation shall be highly encouraged for the benefit of all involved. The emphasis is on free expression, acceptance, support and mutual understanding.

(5) No recordings or notes of any kind are allowed. The only records kept or reported shall consist of, 1) date, time and duration of CISM session; 2) brief description of incident; 3) list of personnel responding; 4) number of personnel present; and 5) recommendations for followup activities, if needed. No record naming personnel or describing proceedings shall be kept or reported.

(6) Telephones, radios, and pagers are not allowed during CISM defusing or debriefings. During defusing or debriefings personnel on-duty are to be considered out-of-service and not subject to duty until the defusing or debriefing is concluded.

(7) CISM activities are not an operational critique of individual ERP or departments.

(8) Personnel are encouraged to speak freely, but are not obligated to reveal any information which they believe may affect an investigation or themselves personally.

(9) Personnel are instructed to speak only for themselves and to refrain from judging their actions and motives, or the actions and motives of other participants.

(10) No media coverage is to be permitted under any circumstances. Media will be handled by the Public Affairs Office as required by the Incident Commander. The CISM Team Coordinator will provide information to Public Affairs, if needed. No Team member or CISM participants will give out any information regarding CISM activities to anyone, including the media, or permit anyone, including the media access to CISM details.

(11) Except for on-scene activities, CISM activities will be held away from the scene in a comfortable, neutral location.

(12) Participants are encouraged to ask any questions at any time. Team members are available after sessions to answer questions or talk informally.

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(13) While the defusing or debriefing is in session, rank is not to be a factor among participants.

(14) Refreshments (cookies and juice) are provided at the conclusion of CISM sessions, along with educational handouts.

g. CISM Team Activation. The CISM Team can be activated by the following:

(1) The Incident Commander or any supervisor may request CISM services.

(2) Individual ERP who feels a need for CISM services for themselves or a group of workers.

(3) During work hours any ERP Department Head can contact the CISM Team Coordinator for activation of the CISM Team.

(4) After work hours, the ERP Department Head or Supervisor are to contact the Command Duty Officer (CDO) to request use of the CISM Team. The CDO will notify the CISM Team Coordinator or Functional Area Coordinators for possible CISM Team activation.

(5) After work hours CISM Team members will communicate through the CDO.

(6) The CISM Team Coordinator will consult with the CISM Consultant and Functional Area Coordinators to determine the level of response required and to select Team members.

(7) If individual peers receive calls from ERP who are not CISM Team members requesting CISM services, Peer Support Personnel are to contact the CDO per paragraph 6d(4).

(8) When CISM Team members are called to a scene, only the CISM Team Coordinator, CISM Consultant or Team Leader will be the designated point of contact with the Incident Commander.

(9) Under no circumstances is any Team member to cross a perimeter without proper authorization from the CISM point of contact and the Incident Commander.

(10) Team members ready to leave a scene where they have been functioning shall notify the Team Leader of departure, destination and means of contact should additional intervention be needed.

(11) All inter-agency or mutual aid support access to the MCB/MCCDC CISM Team shall be made in the same manner as outlined above. Review and approval of mutual aid support will be made by the CG MCB after consultation and recommendation of the CISM Team

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Coordinator. (Due to their unique mission, this does not apply to Fire Department personnel.) CISM Team members will be issued funded TAD orders.

7. Concurrence. The CG MCCDC concurs in the provisions of this order.

A handwritten signature in black ink, appearing to read "D. L. Wright", with a stylized flourish at the end.

D. L. WRIGHT  
Chief of Staff

DISTRIBUTION: INTERNET

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## DEFINITIONS

1. Critical Incident Stress Management (CISM). An organized and systematic approach to provide support for emergency response personnel (ERP) who may be involved in operations that produce extreme stress. The CISM approach mitigates long term stress effects, promotes rapid recovery and return to duty, and reduces the occurrences of stress trauma syndromes.
2. Critical Incident. Any event that has sufficient emotional power to overcome the usual coping abilities of ERP exposed to it. Critical incidents are extraordinary events that cause extraordinary stress reactions. These stress reactions may begin at the event, or anytime thereafter, and may significantly affect the ability of the individual to function efficiently.
3. CISM Consultant. Mental health professional, from the Naval Medical Clinic (NMCL), Quantico, who provides consultation and clinical leadership. The CISM Consultant is clinically trained at least to the Masters degree level, with specific training and experience in disaster psychology, stress trauma, crisis intervention, group process, stress management, and the use of the formal CISM model.
4. CISM Team Coordinator. Designated to provide coordination, activation, and leadership; requires a strong background in all peer training requirements, CISM basic and advanced training and the Incident Command System. Responsible to direct all team activities, in consultation with Functional Area Coordinators, for team deployment, and development of Peer and Professional Support Personnel.
5. Functional Area Coordinators. Each functional area (Fire Department, Military Police, NMCL, and Chaplain) establishes a designated leader and alternate to operate as the Functional Area Coordinator for that duty section. Functional Area Coordinators plan and confer with the CISM Team Coordinator for training activities, required meetings, administration and CISM Team formation for actual CISM events.
6. Peer Support Personnel. ERP who are trained in CISM and comprise the bulk of the membership of the CISM Team.
7. Team Leaders. Individuals who lead a specific debriefing or defusing session.
8. Professional Support Personnel. Mental health, chaplain, and other trained personnel approved by the CISM Team Coordinator to assist with the CISM process.

ENCLOSURE (1)

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9. Defusing. A shortened version of the debriefing. Defusing takes 20-45 minutes to conduct and are held within 1-8 hours immediately after a traumatic event.

10. Debriefing. The process whereby a CISM Team debriefs a particular group of ERP within 24-72 hours following a traumatic incident they have worked on.

11. Debriefing Team. The Debriefing Team will normally consist of a Family Service Center Mental Health Counselor, Chaplain and Peer Support Personnel. Team make-up for a typical event will be composed of three to five members depending on the situation and the number of participants in the debriefing.

TYPES OF INTERVENTIONS BY CRITICAL INCIDENT  
STRESS MANAGEMENT (CISM) TEAMS

1. Defusing

a. Defusing takes place with a small group of emergency response personnel (ERP) workers immediately after an incident (ideally within 1-8 hours) and will be facilitated by Peer Support Personnel and a Team Leader, or by peers alone at the discretion of the CISM Team Coordinator. The purpose of defusing is to mitigate the impact of an incident, accelerate recovery, and reduce stress. After defusing, the CISM Team will either make the decision to hold a full scale debriefing or followup each ERP on a one-to-one basis.

b. Defusing is a somewhat informal process that encourages free discussion of thoughts, feelings, and concerns about the incident without a critique of the operations or the individuals involved. During defusing, the team shall also provide useful information regarding normal responses to the stresses of abnormal events, and shall assess personnel to determine the extent of stress and the need for additional intervention. The entire defusing process generally takes less than an hour and is held at the functional area location of the majority of personnel responding to the incident. Defusing encompasses three parts:

- (1) Introduction (5 minutes)
- (2) Exploration (25 minutes)
- (3) Information (10 minutes)

c. ERP must be placed out-of-service for the duration of the defusing. Radios, telephones, and pagers are turned off. At the completion of the defusing, the responding CISM Team members must consult with the CISM Team Coordinator and the Functional Area Coordinators before personnel are returned to service.

2. Debriefing

a. Debriefing is a more formal detailed discussion which takes place within a few days of the incident (ideally between 24-72 hours, or the next scheduled duty shift). It is led by a Team Leader and designated Peer Support Personnel and generally takes from 1-3 hours to complete. As with defusing, personnel are relieved of response duties for the duration of the debriefing. All telephones, radios, and pagers are turned off to eliminate interruptions. The debriefing will follow the Mitchell Model.

ENCLOSURE (2)

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b. Mitchell Model. Mitchell, J T and Early, G.S. (1993). *Critical Incident Stress Management (CISM) - an operations manual for the prevention of traumatic stress among emergency services and disaster personnel* Elliot City, MD: Chevron Publishing.

(1) Introductory Phase. The Team members introduce themselves, describe debriefing rules and procedures, and emphasize the need for confidentiality. A peer member leads this portion and introduces other Team members if necessary.

(2) Fact Phase. The Team Leader will ask all participants to describe their role in the incident, their activities during the incident, and the progression of events from their point of view. Participants proceed in-turn.

(3) Thought Phase. The Team asks participants to identify and describe the first thought they remember noticing as the incident progressed. All participants proceed in-turn.

(4) Reaction Phase. When all participants have completed the thought phase, the discussion is opened up and personnel are encouraged to express their reactions, concerns and feelings, including parts of the incident that stand out in their minds as particularly difficult. Team members should emphasize that all feelings and concerns, positive or negative, important or unimportant, should be expressed and listened to. Participants speak as and when they feel motivated. They are reminded that although they are not required to speak, they are encouraged to do so, both for their own sake and for the benefit of others who might be more strongly affected or who would gain from their participation.

(5) Symptom Phase. Personnel are encouraged to discuss any reactions, whether physical, psychological, behavioral, or emotional, they may have experienced or be experiencing. Emphasis is on the individual nature of stress response.

(6) Teaching Phase. Team members provide information about the stress response, stress reactions, and psychological trauma, with emphasis on the fact that these reactions are normal in the face of abnormal events faced by ERP. ERP are reminded that it is healthy to react to extreme incidents; they are given educational materials on maximizing their coping skills while at home and on the job in order to recover from this abnormal event.

(7) Re-entry Phase. The debriefing wraps up with closing comments which include an opportunity for remaining questions or concerns, a review of ways personnel can support each other and can seek further support, if needed, and planning for followup services.

ENCLOSURE (2)



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(8) Refreshment Phase. The Team serves cookies and juice, and remains available to talk informally with personnel.

3. Demobilization

a. Demobilization services are implemented only following large scale operations involving large numbers of ERP over long periods of time in response to large scale events. They are held at a designated site away from the scene. Personnel are ordered to this site when they are relieved at the scene. The entire process lasts approximately 30 minutes. Ten minutes are used to give stress information; the remainder of the time is for the crew to eat and rest.

b. Demobilization provides information to ERP about (1) stress and its signs and symptoms (2) methods for dealing with stress reactions should they occur, and (3) how to access help if needed. Emphasis for personnel is on the individual nature of stress and the normal nature of reactions to highly abnormal events.

c. It is intended to provide rest, nourishment, and fluid replacement in a comfortable intermediate environment before release to home. It is only to be used when ERP are being released from operations the following day--it is not to be used when ERP will be shortly returning to operations at the incident scene. It provides command staff the opportunity to make announcements, if necessary, and to thank personnel for their work. Frequently update information on injured personnel or other important developments are also given.

d. Demobilizations provide initial ventilation of feelings without pushing personnel to do so or keeping them for additional long periods of time. Personnel are given information and not questioned about their performance or their feelings. The right to silence is respected.

e. This is also a time for the identification of special needs of personnel which call for additional attention or followup which may be addressed by Team members with the approval of the CISM Team Coordinator, CISM Consultant or the Incident Commander, as appropriate.

4. Educational Services. Educational services are a vital part of the ongoing activities of the CISM Team within MCB/MCCDC. The CISM Team Coordinator and CISM Consultant or other Team members can provide education and information on emergency services, stress, CISM, stress management and prevention, and team activation and deployment in such formats as:

a. Dispatcher training.

ENCLOSURE (2)

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- b. Newly assigned personnel training.
- c. Incident command training.
- d. Staff meetings at all levels.
- e. Annual standdowns and recurring PME training.
- f. To all ERP in MCB/MCCDC.

The purpose of CISM education services is to increase awareness of emergency services stress and the available function of the MCB/MCCDC CISM Team to aid in an organized, professionally guided approach to the management of incident related stress.

ENCLOSURE (2)